

## **"Making the Most of Medicare"**

### **Opening:**

#### **Male:**

Although I'm 84 now, I expect to make 100.

#### **Female:**

You're living on fixed incomes. You want to get the most for your money.

#### **Female:**

All my questions were answered.

### **Stan Stovall, Host:**

Hello. I'm Stan Stovall. Welcome to your Centers for Medicare & Medicaid Services and volume 2, issue 3 of "Medicare Covers America." "Medicare Covers America" is a video magazine produced for communities who care about people with Medicare. Every other month, we join you from the Centers for Medicare and Medicaid Services to talk about a different way for you or someone you care about to make the most of Medicare.

While each issue of "Medicare Covers America" has a different cover story, every issue really will be about the same things—helping you stay healthy, save money, and help others.

And Americans did all three of those things in record numbers from November 15, 2005, to May 15, 2006, and the result has been that 38 million people with Medicare now have good prescription drug coverage.

The next job for Medicare and its partners is to help people take advantage of all of Medicare's benefits, including benefits that can save money, and that's this month's cover story—"Making the Most of Medicare."

Two of America's top doctors, Medicare Administrator Dr. Mark McClellan, and Vice Admiral Richard Carmona, the U.S. Surgeon General, will give you their prescription for making the most of Medicare, especially Medicare prevention. They'll also address some of the questions people with Medicare have about generic drugs. And then Health and Human Services Secretary Mike Leavitt looks back on the effort to bring prescription drug coverage to 38 million people with Medicare.

And we're also going to meet a Medicare expert who will take us on a quick

tour of my.medicare.gov, yet another way to use the Internet to make the most of your Medicare. And then Doctors McClellan and Carmona will return to tell you how wise Medicare consumers can get the best care and how generic drugs might keep you out of the coverage gap. All that and more in this issue of "Medicare Covers America."

**Fact File:**

Did you know some people with Medicare who missed that May 15th deadline can still join a Medicare prescription drug plan without paying a penalty? That's right. If you qualify for extra help with the cost of Medicare drug coverage, you can still join a Medicare drug plan without penalty. You can also join without penalty if you lived in certain counties or parishes affected by hurricane Katrina in August of 2005.

This special enrollment period runs through December of 2006. For more information, call 1-800-MEDICARE.

**Stovall:**

Recently, two of America's top doctors got together to share their advice on getting the most out of Medicare. Let's hear what they had to say.

**Mark McClellan, M.D., Ph.D., Administrator, Centers for Medicare & Medicaid Services:**

One of the best parts of my job has been meeting with thousands of people with Medicare and their family members and friends around the country. You know, I was in Texas this spring, and I heard about a woman who said that she only took a couple of prescription drugs, and she really didn't have any difficulties paying for them, but she knew the deadline for the Medicare drug benefit was coming up. And you know what? She decided to enroll in the drug coverage because she said, "I might need more medicines when I get older." And Dr. Carmona, she was 102 years old.

As America's chief health educator, were you surprised to see that sort of thing, like this woman in Texas, that millions of seniors and people living with a disability were able to make informed and confident choices about the Medicare drug plan options available?

**Vice Admiral Richard Carmona, U.S. Surgeon General:**

Well, Mark, people underestimate the capacity of seniors and people with disabilities to be lifelong learners. One issue that has cut across all of my priorities has been health literacy. That's the ability to find, understand, and

use health-related information and services to make appropriate health decisions.

When people don't get the information they need in a form they can understand, the health cost is high. In the outreach Medicare did for prescription drug coverage, you helped people to understand what they needed and then helped them to pick a plan that met their needs.

Now that you have a 90% coverage rate, what are you going to do to help people get the most out of their new benefits?

**McClellan:**

Well, just like you, one of my top priorities is prevention. That's the way to save money, while we help people live longer lives. And Medicare has got a new tool to help people keep track of the preventive services that they've used and the services they need. We cover more of these preventive benefits than ever before, but we want to make sure people are actually using them so it makes a difference in their health.

People can go on-line to [my.medicare.gov](http://my.medicare.gov), or they can also get this personalized help at 1-800-MEDICARE any time or from one of the many community partner organizations working with us that help people enroll in the drug plan and that now is going to help them take advantage of prevention in Medicare.

I'm very pleased that Medicare coverage now matches up well with the recommendations of expert groups, like the U.S. Preventive Services Task Force. This is the first time that's ever happened. The list of services that we cover is going to continue to grow. In January of 2007, we're going to add ultrasound screening for aortic aneurisms, and we're going to eliminate the deductible for colorectal cancer screening.

Physicians and health professionals have to be the prevention advocates for their patients, work with them to help them take advantage of prevention. Now, you've got a special commitment to prevention in the treatment of osteoporosis, thin bones. Medicare also covers bone mass measurement, which as you know, is an important screening test for people who are at risk for osteoporosis. Do you have some advice for patients who are at risk for osteoporosis, for thin bones?

**Carmona:**

Thanks for the question, Mark. Each year, 1.5 million older people in this country suffer fractures. If you are elderly, a broken hip makes you up to

four times more likely to die within three months. One in five people with a hip fracture ends up in a nursing home within a year.

Many others become isolated, depressed, or frightened to leave home because they fear they will fall. The good news is that, just as with cardiovascular or diabetes or cancer screening benefits, you are never too old or never too young to improve your health.

At all ages, you need a diet with enough calcium and vitamin D. Weight-bearing physical activity should be done every day.

Don't smoke. Drink in moderation. You can work with your doctor to check out warning signs or risk factors.

Have your bones tested. If necessary, take medicine to strengthen them.

**McClellan:**

Well, that's really good advice, especially complying with your medicines and following healthy behaviors, for so many conditions, not just thin bones. And Medicare also wants to help people get the most out of their drug coverage. One important way to do that is to use generic drugs. Now, some people still think that using a generic drug is sort of like buying a knock-off watch or a fake purse from a hustler on the street.

**Carmona:**

That's a great question, Mark. If someone wants to make their drug coverage stretch a little further and maybe stay out of the coverage gap people talk about, that should they ask their doctor about generics?

**McClellan:**

Well, it is always important to know what you're taking, how often to take the medicine, and what it will do for you. That's very important for using medicines effectively. And generics can be a big part of this as well. You can save 70% or more on drug costs in many cases by taking a generic version that's the same thing as in a brand-name drug, the same active ingredient.

For example, this is true for drugs that treat common conditions for stomach acid, for hay fever, for high blood pressure, for high cholesterol levels. In all these areas, there are generic drugs available that can save a lot of money. And according to Consumers Union, switching to these lower-cost alternatives could save people with Medicare billions of dollars in their drug costs every year.

When your doctor talks to you about your medication, you can ask whether there's a generic alternative and what the risks and the advantages are from taking a generic.

And Medicare can also help with this as well. When you enter your prescription drugs on-line on our web site at [medicare.gov](http://medicare.gov), or if you call 1-800-MEDICARE.

Or if you visit one of our local partners to provide this information, we can give you a printed record of all your medicines. It's a great thing to keep with you at all times.

And Medicare can also give you some personalized help. If there is a generic drug available for one of the medicines that you're taking, or if there's another drug that works in a very similar way at a lower cost, we can let you know.

**Fact File:**

Did you know no one from Medicare will ever call and ask for money or ask for bank account or other personal information?

If someone who says they work for Medicare calls asking for personal information or the call doesn't seem right for some other reason, hang up and call Medicare at 1-800-SAFE-RX. That's 1-877-772-3379. You can also call your local police or consumer protection agency.

**Stovall:**

Remember where you were on May 15th? A lot of people remember scrambling to join a Medicare drug plan before that midnight deadline.

In case you haven't heard, here are the final numbers—over 2 million people signed up between May 1st and May 15th. Over 38 million people with Medicare now have good drug coverage. In most cases, people chose plans that cost less than the average.

In July of 2005, Medicare expected the average monthly premium would be \$37. Based on the actual choices that people with Medicare made, the average monthly premium is actually only about \$23. Because so many people chose less-costly plans that met their needs, taxpayers are saving, too. According to the Medicare trustees report, the projected cost of the drug benefit has come down by 20% since their estimate in 2005.

And one of the people who is most pleased with the good news is Health and Human Services Secretary Mike Leavitt. Last month, Mike threw a party for everyone who worked so hard to make Medicare prescription drug coverage a reality.

**Mike Leavitt, Secretary, U.S. Department for Health and Human Services:**

May 15th was a big day for America, but it was a very big day for all of us. There needs to be a history written of this, and there will be, but today we start with the first draft. The fact that, a little more than two years after Congress and the President of the United States signed this into law, that we have been able to carry this benefit to the people of this nation, more than 38 million of them, and have them make a deliberate, considered decision about what was best for them is nothing short of a miracle.

But it's a miracle, the kind of miracle that comes with lots of hard work and a lot of caring. I have seen, as I know you have, a network of caring. I knew it was there, but I had never seen it. I saw card tables set up in the recreation room of churches all over the country of every denomination, helping people change their lives in a positive way.

I saw and talked with pharmacists all over America, who disrupted their entire business in an effort to help their customers, one at a time, make a decision that was best for them. I saw nurses, I saw doctors, I saw mayors, I saw... virtually every walk of life do the same thing, and the aggregate of all of those individuals—tens of millions of conversations—ultimately have produced more than 38 million, more than 90% of the seniors in this country now having the benefit of this remarkable experience.

Their lives are better. There are very few times in a nation's history when a nation pulls together to do something as profound and as important and as significant as what happened in this country in the last six months, and all of us have had the privilege—we've had the privilege of being able to be part of it. Well, I just want to say I'm proud. I am proud to be part of this effort. I'm proud to be a citizen of the United States of America. I am proud to be part of the H.H.S. team. I am proud that we have been able to be part of changing this country in a positive and remarkable way. Thank you.

[Applause]

**Stovall:**

And here are a few more people that Mike wanted to thank—20,000 local and national partners, 40,000 volunteers who staffed 50,000 events nationwide, 30,000 pharmacists, the Medicare staff that traveled over 600,000 miles and visited more than 350 cities with the Medicare mobile office, and most importantly, the millions of family members who helped their loved ones protect themselves from the high costs of prescription drugs.

Did you know Medicare has an ombudsman? Ombudsman is a Swedish word meaning "representative."

The Medicare ombudsman makes sure that Medicare effectively receives and provides assistance on complaints, grievances, and inquiries about any aspect of the Medicare program.

Helps people collect the information necessary to file an appeal, helps with enrollment and disenrollment problems, helps with premium related issues.

And works with the aging and disability communities to make sure that people with Medicare understand and are able to exercise their rights and protections.

**Stovall:**

Mary Agnes Laureno is the director of the C.M.S. Office of Beneficiary Information. Now, anyone who used the medicare.gov site to compare drug plans or to enroll on-line used a tool developed by her office. And Mary Agnes, first of all, thanks for joining us. Good to see you. You have to be very happy about the on-line response you've gotten so far to the medicare.gov site.

**Mary Agnes Laureno:**

That's right, Stan. We've had nearly 4 million people with Medicare use the site to sign up for prescription drug coverage, and we get 200,000 new users each month. Some of our visitors are people with Medicare who are comfortable on-line, while others get help from friends, family members, or Medicare's local partners.

**Stovall:**

I see. Now, today you're going to show us the newest Medicare help on the Internet.

**Laureno:**

That's right. It's called my.medicare.gov, and it's available right now. It's a way to get your own personalized version of medicare.gov. We have been testing my.medicare on the state level since 2004. Now that we're national, we have over 140,000 people with Medicare signed up, and we get hundreds more every day.

**Stovall:**

Wow. Incredible numbers. What exactly does it take to sign up?

**Laureno:**

Stan, it's very simple, but very secure. Anyone with Medicare can sign up with just the information on their Medicare card. The post office delivers the password they need, and after that, they're on-line with their own personalized Medicare web page. Once you have your web page, you can bookmark the sign-in screen or just come in from this link on medicare.gov.

**Stovall:**

OK. Now, can you give us a quick tour of what a personal Medicare home page would look like?

**Laureno:**

Sure. Here's a page for a fictional person with Medicare—B. Wise. On this page, we've tried to pull together key information from all parts of my.medicare to give you an overview, and then, like a lot of web pages, we use these tabs to get you to a particular area right away.

Bob knows he's on the right page because here's his name and today's date right here. You can also see his birthday and the dates his Medicare Part "A" and "B" coverage began. These areas alert you to any messages from Medicare, and most importantly, when to schedule your Medicare prevention services that you need. We also show you a monthly health message with a link to a site for more information.

You can track whether your Part "B" deductible has been met... and see the last 5 bills that Medicare has paid. What you see is really just the beginning. Our plan is to constantly give people more and more ways to use this page to stay healthy, save money, and make the most of their Medicare.

**Stovall:**

OK. Now, it looks like Bob needs to schedule some Medicare preventive services with his doctor. Now, Medicare has so many preventive services,



how does Bob know which one he needs?

**Laureno:**

Stan, this could be the part of this website that could have the biggest impact on someone's life. To plan to get your prevention services, you can either select this link here or go to the prevention services tab.

Here you have something that is perfect to print out and take with you the next time you see your doctor. It has the Medicare service, when our records show you last had this service, and the next time that Medicare would expect you to have the service again.

If we had more time, there's a lot more to see. You can order or print Medicare forms and publications, and you can even get a Medicare replacement card.

**Stovall:**

OK. And as you said, this is only the beginning. We hope you'll come back and take us through another tour another time.

**Laureno:**

Sure. I'd love to.

**Stovall:**

OK. Thanks for joining us.

**Laureno:**

Thank you.

**Stovall:**

And now let's rejoin Mark McClellan and Richard Carmona.

**McClellan:**

Welcome back. I'm talking with the U.S. Surgeon General, Vice Admiral Richard Carmona.

**Carmona:**

Mark, we were talking about the tools that Medicare makes available to help people make the most of their benefits. I understand that you're making new information available that can help anyone who is a candidate for 30 common procedures. What is this information? How can it help people? And how can people get it?

**McClellan:**

That's right, Dr. Carmona. We're supporting a collaborative effort to get better information out so that people can make more informed decisions about quality health care.

Today, if a Medicare beneficiary needs information about the quality of a local hospital, for example, he or she can go on-line and get it at [www.medicare.gov](http://www.medicare.gov). When you go to our web site, you can click on "compare hospitals in your area," and this takes you to our "hospital compare" web page, where you can compare the quality of care in a number of important dimensions for all of the hospitals in your area.

Beneficiaries can do the same thing on our "nursing home compare" web site and also for home health comparison and dialysis facility comparisons. All of these web sites provide quality information to consumers and others to help them guide their choices and to help drive improvements in the quality of care in these settings.

And in addition, you can also get information like this on the phone, and we've made it available to many of our partners as well as local news media. We want consumers to become more involved in looking at their quality of care, because there are some real opportunities to get better health care and get better health as a result.

**Carmona:**

Well, that's great, Mark. What are some of the other tools that people can use to get more out of their Medicare? I know that people are concerned about the so-called "coverage gap" in many Medicare drug plans. What can Medicare do to help people avoid a surprise at the drugstore?

**McClellan:**

Well, you know, about 84% of people with Medicare are saying that they're happy with their drug plan, and most people are saving money. The network of caring partners that helped people get drug coverage now wants to help people with Medicare take charge of their health-care spending. Because the vast majority of people in Medicare signed up for drug plans that weren't the standard benefit designed by the government, they were making some choices about what they wanted to see covered.

Many of these plans have no deductibles, and many of them fill in the so-called "donut hole" for coverage gap. But many health plans have limits on how much they cover for some prescription drugs, and Medicare drug plans

aren't any different.

There is a \$2,250 limit that many people have heard about. The good news is that Medicare drug plans provide catastrophic coverage against very high drug costs if you have an unexpected serious illness or injury that results in these high kinds of medical expenses. And this happens more and more often these days. This protection against very high drug costs assures that you're going to be covered if you pay \$3,600 out of pocket.

**Carmona:**

Mark, that's a terrific benefit. Thanks for explaining it. People with Medicare can avoid reaching the coverage gap by switching to generic or other less-expensive brand-name drugs. This can also reduce co-pays and help people maximize their savings.

**McClellan:**

That's exactly right. People who are approaching their plan's coverage gap will be able to take steps to keep their costs down through generics or looking at less expensive brand-name drugs, and Medicare and many of the drug plans can provide personalized information to help you find out how to do that. And it's worth looking into to save, according to Consumers Union, maybe thousands of dollars a year. But people who reach the coverage gap are still going to be saving money. They'll pay less for their prescriptions because they'll get the lower negotiated discount prices offered by their prescription drug plans.

People who go on-line to [medicare.gov](http://medicare.gov) or who call 1-800-MEDICARE or who visit with one of our local partners can get even more personalized information about their plan and the benefit options and what they can do to save more money. They'll be able to get plan-level drug details and cost-sharing information, information that they can get a good idea about their cost for the entire year and that they can use to manage their pharmacy and their drug selections.

Dr. Carmona, one area where the Surgeon General and Medicare work together is the annual flu campaign. Now, we're taping this segment well ahead of flu season. So take out your crystal ball. I'm going to put you on the spot. Do you anticipate that seniors and people with a disability will have any difficulty getting their flu shots this year?

**Carmona:**

Well, Mark, it appears that vaccine supply will be good. Hard to predict how serious this year's flu will be, since some of that depends on how good a job

we do of immunizing high-risk populations like people with Medicare.

**McClellan:**

That's certainly true. Now, what about avian flu, or bird flu? This is something that a lot of people in this country have heard about, but they may be wondering, "What does this mean for me? "Is this something I should worry about?"

**Carmona:** Well, Mark, we always need to be on guard that a flu pandemic will strike, regardless of whether it is based on a bird flu or just a regular seasonal flu that we all experience. The best evidence about the bird flu is that it is very rarely passed from person to person. While the flu has turned up in migratory birds in Europe and Africa, there is no evidence that it has reached North America yet. The federal government is working with the states to be certain that we are prepared for any eventuality.

There is an excellent web site for anyone who is concerned about the flu—[www.pandemicflu.gov](http://www.pandemicflu.gov). You can also get there by using [www.avianflu.gov](http://www.avianflu.gov). The site pulls together information about human and animal cases of bird flu worldwide. You can see how prepared your own state is and look at historical accounts of the great flu pandemic of 1918.

**McClellan:**

Dr. Carmona, thank you for joining us.

**Stovall:**

Do you know anyone in their 90's? If you do, they are survivors of the 1918 flu pandemic. In 1998, Medicare produced a documentary called "Standing in the Safety Zone" about the survivors of 1918. If any of us take modern health care for granted, listen to what these surviving seniors had to say about what was modern medicine when they were young.

**Rachael Hollis:**

We had a dispensary, and they would give you—all the medicine was the same. It was called Brown's Mixture in a bottle, and I don't care what you had, that's what you got. And then you'd have a little can, a little brass type of can, with a little white label, and that was a salve. And that's the two things we got at the dispensary all the time. There wasn't lots of medicines.

And I got the flu, and it was just my mother and I. She went to the drugstore, which was at the corner, and she went there, and she got—it was

like a vest. It was red flannel. And she'd put that on my chest and over my back. And then she would grease me with...I think it was...we used to call it mutton tallow. I don't hear of it now. But that's what most people in those days greased with, mutton tallow. And then she would put a little in a bag, and she would sew some asafetida. It was very smelly. And she would put that on my back. And that's what I wore the entire cold day, winter days.

**Fact File:**

Did you know people in Medicare Advantage plans can now save over \$100 a month on average compared to traditional Medicare, with the largest savings for people with chronic illnesses? Far from trying to avoid people with chronic illnesses, a growing number of Medicare Advantage plans are special-needs plans, specializing in providing more effective care at lower cost for the frail elderly or people with heart failure, diabetes, or H.I.V. and A.I.D.S.

The monthly savings come from additional drug coverage and drug coverage with lower premiums. In fact, M.A. plans with zero drug premiums are widely available.

**Stovall:**

Join us for our next issue in September, and if you would like a second look at anything you saw today or you're interested in downloading a transcript of our broadcast, please visit [cms.hhs.gov/cable](http://cms.hhs.gov/cable).

And if you would like to drop us a line or make a suggestion about "Medicare Covers America," please send us an e-mail at [cable@cms.hhs.gov](mailto:cable@cms.hhs.gov). And remember, check with your local cable company to get the time and date to watch us next in your area.

Until next time, on behalf of all of us at your enters for Medicare and Medicaid Services, I'm Stan Stovall. Thanks for watching.

**Closing:**

Music

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